

DOCUMENT # P98000075140

1. Entity Name

KERRY CRAIG FULLER P.A.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90102 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 940 CHATHAM WAY, PALM HARBOR FL 34683
Mailing Address: 940 CHATHAM WAY, PALM HARBOR FL 34683-6006

2. Principal Place of Business, 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip, Country

4. FEI Number: 59-3532327

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FULLER, KERRY C
940 CHATHAM WAY
PALM HARBOR FL 34683

Name, Street Address, City, FL, Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE, Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Fuller, Kerry C, P, 940 CHATHAM WAY, PALM HARBOR FL 34683

Change, Addition checkboxes

Fuller, Jo E, VTS, 940 CHATHAM WAY, PALM HARBOR FL 34683

Change, Addition checkboxes

Empty officer entry

Change, Addition checkboxes

Empty officer entry

Change, Addition checkboxes

Empty officer entry

Change, Addition checkboxes

Empty officer entry

Change, Addition checkboxes

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO E FULLER

1/28/00 (727) 785-4226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #